

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 03-MAY-2015	TIME 18:45:00	2. ADDRESS OF OCCURRENCE 2459 N OAK PARK AVE CHICAGO, IL 60707				3. LOCATION CODE 303	4. BEAT/OCUR 2512			
	5. POSITION 9161	6. LAST NAME GOLDEN	7. FIRST NAME KENNETH M	8. STAR NO. 7324	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 235			
	14. DATE OF APPT. 03-JAN-2005	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 025 2512	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME OCAMPO	21. FIRST NAME ADRIAN	22. M.I. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WHI	25. D.O.B. 24-DEC-1983	26. HT. 508	27. WT. 180			
	28. ADDRESS 2509 W CORTLAND AVE CHICAGO, IL		29. TELEPHONE NO. 	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Under Influence <input type="checkbox"/> 02 Refused Medical Aid					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? OUR LADY OF RESURRECTION MEDICAL CI		34. BY WHOM? ER STAFF	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/4-B, 720 ILCS 5.0/12-2-B-4	37. CB NO. 19108265	38. IR NO. 	39. DNA 			
	SUBJECT INFORMATION <input type="checkbox"/> DNA	40. PASSIVE RESISTER		41. ACTIVE RESISTER		42. ASSAULTANT ASSAULT		43. ASSAULTANT BATTERY			
		44. ASSAULTANT DEADLY FORCE									
		45. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		46. MEMBER'S RESPONSE ELED <input checked="" type="checkbox"/>		47. IMMINENT THREAT OF BATTERY <input type="checkbox"/>		48. ATTACK WITH WEAPON <input type="checkbox"/>		49. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
		50. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		51. PULLED AWAY <input checked="" type="checkbox"/>		52. OTHER _____		53. ATTACK WITHOUT WEAPON <input type="checkbox"/>		54. WEAPON <input type="checkbox"/>	
55. OTHER _____		56. OTHER _____		57. OTHER _____		58. OTHER _____		59. OTHER _____			
60. MEMBER PRESENCE <input type="checkbox"/>		61. OPEN HAND STRIKE <input type="checkbox"/>		62. ELBOW STRIKE <input type="checkbox"/>		63. KNEE STRIKE <input type="checkbox"/>		64. FIREARM <input type="checkbox"/>			
65. VERBAL COMMANDS <input type="checkbox"/>		66. TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		67. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		68. KICKS <input type="checkbox"/>		69. OTHER _____			
70. ESCORT HOLDS <input type="checkbox"/>		71. OC CHEMICAL WEAPON <input type="checkbox"/>		72. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		73. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		74. OTHER _____			
75. WRISTLOCK <input type="checkbox"/>		76. ARMBAR <input type="checkbox"/>		77. OTHER _____		78. OTHER _____		79. OTHER _____			
80. ARMBAR <input type="checkbox"/>		81. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		82. TASER (Probe Discharge) <input type="checkbox"/>		83. TASER (Contact Slur) <input checked="" type="checkbox"/>		84. TASER (Spark Displayed) <input type="checkbox"/>			
85. CONTROL INSTRUMENT <input type="checkbox"/>		86. OC CHEMICAL WEAPON <input type="checkbox"/>		87. OTHER _____		88. OTHER _____		89. OTHER _____			
40. ADDITIONAL INFORMATION											
90. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <input checked="" type="checkbox"/> DNA		91. POSITION STAR NO. UNIT									
92. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		93. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		94. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		95. WEATHER CONDITIONS RAIN					
96. TASER DART ID NO.		97. WEAPON SERIAL NO. (Include Letters)		98. CHICAGO GUN REG. NO.		99. IL FIREARM OWNER ID. NO.		100. HANDGUN CERTIFICATE NO.			
101. SPECIAL WEAPON CERTIFICATE NO.		102. PROPERTY INVENTORY NO.		103. TYPE OF AMMUNITION USED		104. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		105. TOTAL NO. OF SHOTS MEMBER FIRED			
106. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		107. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		108. BLDN OF CARTRIDGES/ SHOT SHELLS RELOADED		109. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		110. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
111. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		112. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		113. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		114. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
115. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		116. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		117. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		118. DATE REVIEWED 03-MAY-2015 20:20:14					
72. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) GOLDEN, KENNETH M 03-MAY-2015 20:13:42		STAR/EMPLOYEE NO. 7324		SIGNATURE		74. REVIEWING SUPERVISOR (Print Name) SULLIVAN, JOSEPH D 2632		75. DATE REVIEWED 03-MAY-2015 20:20:14			
76. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW.											
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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee is currently being treated at OLR Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

In R/Lt's opinion, the officer's actions were both reasonable and necessary to overcome the arrestee's resistance and place him into physical custody.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO/CRNO. 1074975 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STOPPA, KENNETH A

SIGNATURE

DATE COMPLETED

TIME

03-MAY-2015 20:47:45

79. TOTAL TRR'S THIS EVENT No.